

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/817,009
APPLICANT(S) _____

FILING DATE _____

5-22-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4		1				
5		1				
6		1				
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100						
TOTAL NO.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						